



**DEPARTMENT OF DEFENSE  
TRICARE AREA OFFICE – Pacific  
Bldg 6060, Camp Lester, Okinawa, Japan**



Dear Provider:

I want to thank you for treating TRICARE beneficiaries. Ensuring high quality health care for our beneficiaries is of paramount importance. I appreciate your willingness to deliver professional services to our beneficiaries.

I wish to take this opportunity to update you on current requirements applicable to our TRICARE Standard beneficiaries in the Philippines. These requirements differ somewhat from those that apply to TRICARE Prime beneficiaries covered by the TRICARE Global Remote Overseas (TGRO) contract with International SOS. Procedures for TGRO beneficiaries are unchanged and their claims should continue to be submitted via International SOS.

TRICARE requires the beneficiary's original signature on the claim form. In signing the form, the beneficiary certifies the accuracy of the patient information; certifies that the medical care being claimed was actually rendered; authorizes the release of medical information necessary to process the claim; and certifies the accuracy of any other health insurance information.

TRICARE also requires your original signature on the claim. Your signature certifies that the specific medical care listed on the claim form was provided to the beneficiary named on the claim form, on the date or dates indicated, and by the provider signing the claim. Your signature also certifies that you have agreed to be a participating provider, which means that TRICARE will reimburse you directly (instead of paying the beneficiary) because you agree to accept the allowable amount, plus the beneficiary's cost share and deductible, as payment in full. As a TRICARE provider, you must collect the beneficiary's cost-share and deductible unless they have reached their catastrophic cap.

TRICARE only authorizes payments to providers who bill TRICARE the same amount routinely charged the general public, commercial health insurance carriers, or other health benefit entitlement programs for the same or similar services. TRICARE will send all future benefit payments to your practice address to ensure that you are personally aware of the amount being charged TRICARE and of the amount of TRICARE's reimbursement. We will no longer send TRICARE payments to your billing address.

Finally, it has become necessary to validate that you actually submitted the claim because of our very serious concern with improper and/or false claims. I regret that the inappropriate practices of a few providers and their agents require this action, but it is necessary in order for us to fulfill our fiduciary responsibility. TRICARE will be returning a sample of claims and a form asking providers to confirm that you actually provided the services to the patient identified on the claims on the dates and at the location specified. We will further request that you certify that the amount billed TRICARE is the amount you charge the general public and other health plans/insurers. This certification form will be mailed to you after receipt of a claim and may not be included with the initial submission since someone fraudulently submitting claims in your name could include a fraudulent attestation without your knowledge.

I have also heard that some providers believe it is necessary to belong to or contract with an organization in order to receive TRICARE reimbursement for care provided to Standard beneficiaries. This is not accurate. Licensed providers may become certified TRICARE providers by requesting certification from International SOS, a company that contracts with the

U.S. Government to validate providers' credentials and practice locations. International SOS may be contacted by email at: [picertunit@internationalsos.com](mailto:picertunit@internationalsos.com), or mail to:

**TRICARE Certification Project**

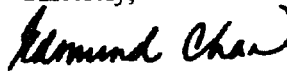
Attn: Raymond Mallari, MD  
Suite 1205/6 One Magnificent Mile Building  
San Miguel Avenue, Ortigas Center  
1600 Pasig City, Metro Manila, Philippines

This certification is at no cost to you and you are under no obligation as a result of obtaining TRICARE certification. Once certified, you have the option of submitting your claims directly to our claims processing contractor, Wisconsin Physicians Service (WPS), at Post Office Box 7985, Madison, WI 53707-7985. Generally, providers who submit their claims directly to WPS experience improved cash flow by the elimination of a middleman.

If you have questions reference this letter, please contact my TRICARE Pacific Regional Customer Service Center at Voice TOLL FREE: 1-888-777-8343, Option 4 or COMM: (81) 6117-43-2036 or DSN 643-2036, and FAX COMM: (81) 6117-43-2037 or DSN 643-2037. Also, email us at [TPAO.CSC@okil0.med.navy.mil](mailto:TPAO.CSC@okil0.med.navy.mil).

Once again, I want to thank you for providing healthcare to our beneficiaries and look forward to your continuing relationship with TRICARE. You may obtain additional information about TRICARE through our website at [www.tricare.osd.mil](http://www.tricare.osd.mil).

Sincerely,



Ed Chan, MBA, MPH  
Director, TRICARE Area Office-Pacific